

<b>Case Number:</b>	CM14-0074818		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient presents with knee pain. The patient is status post bilateral total knee replacement from 2006 and 2008. The physician is requesting Duragesic cream, quantity #1. The MTUS Guidelines page 44 on Duragesic (fentanyl transdermal system) states that it is not recommended as a first-line therapy. Duragesic is a potent of opioid that is slowly released through the skin. The FDA-approved product labeling states that the Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The records show that the patient was first prescribed Duragesic on 04/14/2014. However, MTUS Guidelines do not support the use of Duragesic as a first-line therapy. The patient's current list of medications includes Lidoderm, Tylenol, and Duragesic. Duragesic is indicated for the management of chronic pain in patients who require continuous opioid analgesia. The physician does not explain why the patient would need continuous opioid intake given that the patient is currently not on any opioid. Therefore, the request for Duragesic cream Quantity: 1 is not medically necessary and appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Acupuncture 2 x 4 cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Head: Acupuncture (for headaches).

**Decision rationale:** The MTUS guidelines state that the time to produce functional improvement is typically 3 to 6 treatments of acupuncture. The ODG states that acupuncture for headaches should have an initial trial of 3-4 visits over 2 weeks. The request for 8 sessions of acupuncture exceeds the initial trial recommendation. The MTUS states that acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. The request for acupuncture 2 x 4 cervical spine is not medically necessary.

**Neurologist consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Office visits.

**Decision rationale:** The guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, or with treating a particular cause of delayed recovery. The ODG recommends office visits as medically necessary and states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation states that the patient has persistent headaches. A neurologist consult is medically appropriate to evaluate the etiology of the headaches and provide appropriate treatment. The request for a neurologist consultation is medically necessary.